



Taxable Year Beginning: Ending:	Account No.	FEIN or SSN
	Due Date	
TAXPAYER NAME AND MAILING ADDRESS _____ _____ (STREET) _____ _____ _____ _____ _____ ZIP _____		<p>Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 4 of the worksheet and mail to:</p> <p>Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242</p>

REMINDERS

- 1) Please read procedures on reverse side.
- 2) Enter account number or FEIN in the spaces provided.
- 3) An application for extension must be filed to obtain a valid extension although credits and estimated payments may exceed your estimated liability.
- 4) If previous year's credit(s) and current year's estimated tax payment exceed estimated liability, enter 0 on Line 4.
- 5) Be sure to sign and date your return in the signature box.

WORKSHEET FOR COMPUTATION OF EXTENSION PAYMENT

ROUND TO NEAREST DOLLAR

1. Estimated Franchise Tax current year	00
2. Estimated Excise Tax current year	00
3. Deduct: Prior year's overpayment and estimated payments and tax credits made for current year	00
4. Amount due with extension request (90% or greater of lines 1 and 2 less Line 3; if Line 3 is greater than total of lines 1 and 2, enter 0 and return form without payment)	00

WRITE NUMBERS LIKE THIS

1	2	3	4	5	6	7	8	9	0
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Keep Upper Portion For Your Records

Return Copy Below - Detach Here


TENNESSEE DEPARTMENT OF REVENUE
Application for Extension of Time to File Franchise, Excise Tax

Filing Period		Extended Due Date	
ACCOUNT			

FOR OFFICE USE ONLY

If your account number is not preprinted or unknown, enter federal identification number/social security number.

(FEIN/
SSN) ➤

AMOUNT DUE
(Line 4 of  worksheet)

00

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature	Date	Title	
Tax Preparer's Signature	Date	Telephone	
Preparer's Address	City	State	ZIP

PROCEDURES FOR OBTAINING AN EXTENSION OF TIME

A. The request:

1. The request must be made on the Extension Form provided.
2. The request must be made on or before the statutory due date (the 15th day of the fourth month following the closing of the taxpayer's taxable year).

B. The payment:

1. The payment must be equal to or greater than 90% of the current year's franchise and excise tax liability.
2. Any payment of Tennessee Estimated Tax or other available tax credits made for the year or overpayments from prior years should be deducted in computing the payment due.
3. A minimum payment of \$100 must accompany the extension request unless previous payments are credited to this year's tax liability.

(No payment is required with the extension request of an insurance company expecting its credit for gross premiums tax to exceed its franchise, excise tax liability.)

NOTE: Where the taxes paid on or before the original due date of the return do not equal ninety percent (90%) of the liability for the tax year for which the extension is being requested, or if the return is not filed by the extended due date, penalty and interest will attach as though no extension had been granted.